

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MG		2/1/99
O.I.P.E. CLASSIFIER		12	2/9
FORMALITY REVIEW	30	96989	7-16

INDEX OF CLAIMS

✓ Rejected
 □ Allowed
 - (Through numeral) ... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	First	Original	Date
1	5	10	31
2	1	10	31
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Claim	First	Original	Date
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Claim	First	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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